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*aw*

\*\* CONTINUING DATA \*\*\*\*\*

*aw*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 07/27/2001

|   |                           |                        |                       |                             |
|---|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IN | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>56 | INDEPENDENT<br>CLAIMS<br>10 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                             |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>CM</i>   |                           |                        |                       |                             |

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TITLE

Remote medical device access

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|------------|--|--|
| FILING FEE | FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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